

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	✓					
52	.					
53	✓					
54	.					
55	✓					
56	✓					
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100						
TOTAL IND.	✓		↓		↓	
TOTAL DEP.	✓	↓	↓		↓	
TOTAL CLAIMS	✓	↓	↓		↓	

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS